



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2012
OF THE CONDITION AND AFFAIRS OF THE

CareFirst BlueChoice, Inc.

NAIC Group Code	<u>0380</u> (Current)	<u>0380</u> (Prior)	NAIC Company Code	<u>96202</u>	Employer's ID Number	<u>52-1358219</u>
Organized under the Laws of	<u>District of Columbia</u>		State of Domicile or Port of Entry	<u>District of Columbia</u>		
Country of Domicile	<u>United States of America</u>					
Licensed as business type:	<u>Health Maintenance Organization</u>					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	<u>06/22/1984</u>		Commenced Business	<u>03/01/1985</u>		
Statutory Home Office	<u>840 First Street, NE</u> (Street and Number)		<u>Washington , DC, US 20065</u> (City or Town, State, Country and Zip Code)			
Main Administrative Office	<u>10455 Mill Run Circle</u> (Street and Number)		<u>410-581-3000-</u> (Area Code) (Telephone Number)			
	<u>Owings Mills , MD, US 21117</u> (City or Town, State, Country and Zip Code)					
Mail Address	<u>10455 Mill Run Circle</u> (Street and Number or P.O. Box)		<u>Owings Mills , MD, US 21117</u> (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	<u>10455 Mill Run Circle</u> (Street and Number)		<u>410-998-7011</u> (Area Code) (Telephone Number)			
	<u>Owings Mills , MD, US 21117</u> (City or Town, State, Country and Zip Code)					
Internet Website Address	<u>www.carefirst.com</u>					
Statutory Statement Contact	<u>William Vincent Stack</u> (Name)		<u>410-998-7011-</u> (Area Code) (Telephone Number)			
	<u>bill.stack@carefirst.com</u> (E-mail Address)		<u>410-998-6850-</u> (FAX Number)			

OFFICERS

President and Chief Executive Officer	<u>Chester Emerson Burrell</u>	Treasurer	<u>Jeanne Ann Kennedy</u>
Secretary	<u>John Anthony Picciotto</u>		

OTHER

<u>Gregory Mark Chaney EVP, CFO</u>	<u>Gwendolyn Denise Skillern SVP, General Auditor</u>	<u>Michael John Felber SVP, Sales</u>
<u>Maria Harris Tildon SVP, Public Policy</u>	<u>Rita Ann Costello SVP, Strategic Marketing</u>	<u>Fred Adrian Walton Plumb SVP, ASU-FEP</u>
<u>Kenny Waitem Kan SVP, Chief Actuary</u>	<u>Michael Bruce Edwards SVP, Networks Mgmt</u>	<u>Kevin Charles O'Neill SVP, Strategic Managed Care Initiatives</u>
<u>Harry Dietz Fox SVP, Technical & Ops Support</u>	<u>Steven Jon Margolis SVP, ASU-Small & Medium Groups</u>	<u>Michael Thomas Avotins SVP, ASU -Large Groups</u>
<u>Jon Paul Shematek SVP, Chief Medical Officer</u>	<u>Michelle Judith Wright SVP, Human Resource</u>	<u>Wanda Kay Oneferu-Bey SVP, ASU-Consumer Direct</u>

DIRECTORS OR TRUSTEES

<u>Joseph Gerard Hall</u>	<u>Elizabeth St. John Loker</u>	<u>James Wallace</u>
<u>Robert Marcellus Willis</u>		

State of Maryland SS:
County of Baltimore

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Chester Emerson Burrell
President & Chief Executive Officer

John Anthony Picciotto
Secretary

Jeanne Ann Kennedy
Treasurer

Subscribed and sworn to before me this 25TH day of FEBRUARY 2013



- a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	3,405,210	2,922,952	0	40,831	40,831	6,328,162
0199999. Total Pharmaceutical Rebate Receivables	3,405,210	2,922,952	0	40,831	40,831	6,328,162
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	67,917	102,231	74,773	3,124,026	3,368,947	0
0299999. Total Claim Overpayment Receivables	67,917	102,231	74,773	3,124,026	3,368,947	0
University Of Maryland Medical System	3,740,600	0	0	0	0	3,740,600
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	29,366,000	0	0	0	0	29,366,000
0399999. Total Loans and Advances to Providers	33,106,600	0	0	0	0	33,106,600
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
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0799999 Gross health care receivables	36,579,727	3,025,183	74,773	3,164,857	3,409,778	39,434,762

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

20

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

23

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	NONE					
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	Total						



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

(LOCATION)

NAIC Group Code	0380	BUSINESS IN THE STATE OF		District of Columbia	DURING THE YEAR						2012	NAIC Company Code		96202
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9				10
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid				Other
Total Members at end of:														
1. Prior Year		67,597	3,141	64,405	0	14	37	0	0	0				0
2. First Quarter		65,238	3,252	61,942	0	15	29	0	0	0				0
3. Second Quarter		66,466	3,497	62,933	0	12	24	0	0	0				0
4. Third Quarter		67,809	3,723	64,042	0	9	35	0	0	0				0
5. Current Year		70,248	3,925	66,286	0	8	29	0	0	0				0
6. Current Year Member Months		803,000	42,449	759,721	0	467	363	0	0	0				0
Total Member Ambulatory Encounters for Year:														
7. Physician		346,117	20,640	325,477	0	0	0	0	0	0				0
8. Non-Physician		166,759	10,816	155,943	0	0	0	0	0	0				0
9. Total		512,876	31,456	481,420	0	0	0	0	0	0				0
10. Hospital Patient Days Incurred		10,340	638	9,702	0	0	0	0	0	0				0
11. Number of Inpatient Admissions		2,878	159	2,719	0	0	0	0	0	0				0
12. Health Premiums Written (b)		241,010,628	9,392,305	229,108,455	0	112,789	2,397,079	0	0	0				0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0				0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0				0
15. Health Premiums Earned		237,817,898	10,222,305	225,085,725	0	112,789	2,397,079	0	0	0				0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0				0
17. Amount Paid for Provision of Health Care Services		195,635,142	11,812,206	181,982,939	0	314,162	1,525,835	0	0	0				0
18. Amount Incurred for Provision of Health Care Services		190,651,947	11,047,546	177,706,368	0	314,162	1,583,871	0	0	0				0

(a) For health business: number of persons insured under PPO managed care products12 and number of persons insured under indemnity only products25 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CareFirst BlueChoice, Inc. 2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Maryland		2012							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	96202	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	404,171	23,854	342,917	0	107	315	36,978	0	0	0	
2.	First Quarter	410,308	24,667	339,641	0	115	300	45,585	0	0	0	
3.	Second Quarter	408,987	25,764	336,584	0	100	280	46,259	0	0	0	
4.	Third Quarter	406,659	26,419	332,753	0	104	253	47,130	0	0	0	
5.	Current Year	410,788	26,923	335,457	0	112	220	48,076	0	0	0	
6.	Current Year Member Months	4,908,305	307,906	4,037,808	0	1,332	3,270	557,989	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	2,497,657	142,947	1,989,722	0	0	0	364,988	0	0	0	
8.	Non-Physician	1,197,154	63,702	980,474	0	0	0	152,978	0	0	0	
9.	Total	3,694,811	206,649	2,970,196	0	0	0	517,966	0	0	0	
10.	Hospital Patient Days Incurred	84,285	4,114	67,048	0	0	0	13,123	0	0	0	
11.	Number of Inpatient Admissions	22,536	1,248	18,095	0	0	0	3,193	0	0	0	
12.	Health Premiums Written (b)	1,630,656,290	56,981,424	1,361,400,304	0	240,676	3,363,822	208,670,064	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	1,661,865,235	55,951,424	1,379,660,305	0	240,676	3,363,822	222,649,008	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	1,384,961,769	56,654,519	1,119,598,553	0	1,058,689	2,162,495	205,487,513	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	1,368,188,174	55,544,557	1,102,421,127	0	1,058,689	2,136,288	207,027,513	0	0	0	

(a) For health business: number of persons insured under PPO managed care products104 and number of persons insured under indemnity only products221 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Virginia		2012							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	96202	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	63,375	2,058	61,285	0	2	30	0	0	0	0	
2.	First Quarter	67,016	2,196	64,783	0	2	35	0	0	0	0	
3.	Second Quarter	69,271	2,441	66,797	0	2	31	0	0	0	0	
4.	Third Quarter	70,118	2,584	67,488	0	2	44	0	0	0	0	
5.	Current Year	72,401	2,658	69,696	0	2	45	0	0	0	0	
6.	Current Year Member Months	826,524	29,035	797,021	0	20	448	0	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	375,901	14,683	361,218	0	0	0	0	0	0	0	
8.	Non-Physician	167,514	6,240	161,274	0	0	0	0	0	0	0	
9.	Total	543,415	20,923	522,492	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	10,652	372	10,280	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	3,133	159	2,974	0	0	0	0	0	0	0	
12.	Health Premiums Written (b)	258,722,985	5,605,446	250,606,820	0	90,731	2,419,988	0	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned	257,058,160	5,985,446	248,561,995	0	90,731	2,419,988	0	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	208,262,452	5,268,431	200,823,490	0	337,704	1,832,827	0	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	206,665,524	5,157,191	199,269,671	0	337,704	1,900,958	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products18 and number of persons insured under indemnity only products29 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2012		(LOCATION)	
0380										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1.	Prior Year	535,143	29,053	468,607	0	123	382	36,978	0	0	0
2.	First Quarter	542,562	30,115	466,366	0	132	364	45,585	0	0	0
3.	Second Quarter	544,724	31,702	466,314	0	114	335	46,259	0	0	0
4.	Third Quarter	544,586	32,726	464,283	0	115	332	47,130	0	0	0
5.	Current Year	553,437	33,506	471,439	0	122	294	48,076	0	0	0
6.	Current Year Member Months	6,537,829	379,390	5,594,550	0	1,819	4,081	557,989	0	0	0
Total Member Ambulatory Encounters for Year:											
7.	Physician	3,219,675	178,270	2,676,417	0	0	0	364,988	0	0	0
8.	Non-Physician	1,531,427	80,758	1,297,691	0	0	0	152,978	0	0	0
9.	Total	4,751,102	259,028	3,974,108	0	0	0	517,966	0	0	0
10.	Hospital Patient Days Incurred	105,277	5,124	87,030	0	0	0	13,123	0	0	0
11.	Number of Inpatient Admissions	28,547	1,566	23,788	0	0	0	3,193	0	0	0
12.	Health Premiums Written (b)	2,130,389,903	71,979,175	1,841,115,579	0	444,196	8,180,889	208,670,064	0	0	0
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14.	Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15.	Health Premiums Earned	2,156,741,293	72,159,175	1,853,308,025	0	444,196	8,180,889	222,649,008	0	0	0
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17.	Amount Paid for Provision of Health Care Services	1,788,859,363	73,735,156	1,502,404,982	0	1,710,555	5,521,157	205,487,513	0	0	0
18.	Amount Incurred for Provision of Health Care Services	1,765,505,645	71,749,294	1,479,397,166	0	1,710,555	5,621,117	207,027,513	0	0	0

(a) For health business: number of persons insured under PPO managed care products134 and number of persons insured under indemnity only products275 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

SCHEDULE S - PART 1 - SECTION 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CareFirst BlueChoice, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
NONE						
1799999 Totals - Life, Annuity and Accident and Health						

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CareFirst BlueChoice, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
53007	53-0078070	01/01/2007	Group Hospitalization and Medical Services, Inc.	DC	LRLS/A/G	12,500	0	0	0	0	0	0
47058	52-1385894	01/01/2007	CareFirst of Maryland, Inc.	MD	LRLS/A/G	12,500	0	0	0	0	0	0
0199999. General Account - Authorized U.S. Affiliates						25,000	0	0	0	0	0	0
0399999. Total General Account - Authorized Affiliates						25,000	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-Affiliates						0	0	0	0	0	0	0
0799999. Total General Account Authorized						25,000	0	0	0	0	0	0
1099999. Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
1399999. Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
1499999. Total General Account Unauthorized						0	0	0	0	0	0	0
1799999. Total General Account - Certified Affiliates						0	0	0	0	0	0	0
2099999. Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
2199999. Total General Account Certified						0	0	0	0	0	0	0
2299999. Total General Account Authorized, Unauthorized and Certified						25,000	0	0	0	0	0	0
2599999. Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
2899999. Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
2999999. Total Separate Accounts Authorized						0	0	0	0	0	0	0
3299999. Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
3599999. Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
3699999. Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
3999999. Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
4299999. Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
4399999. Total Separate Accounts Certified						0	0	0	0	0	0	0
4499999. Total Separate Accounts Authorized, Unauthorized and Certified						0	0	0	0	0	0	0
4599999. Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1599999, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)						25,000	0	0	0	0	0	0
4699999. Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1699999, 1999999, 2499999, 2799999, 3199999, 3499999, 3899999 and 4199999)						0	0	0	0	0	0	0
4799999 - Totals						25,000	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums	25	25	25	25	25
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total hospital and medical expenses	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)	0	XXX	XXX	XXX	XXX
19. Letters of credit (L)	0	XXX	XXX	XXX	XXX
20. Trust agreements (T)	0	XXX	XXX	XXX	XXX
21. Other (O)	0	XXX	XXX	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CareFirst BlueChoice, Inc.			
SCHEDULE S - PART 7			
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance			
	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	807,582,822	0	807,582,822
2. Accident and health premiums due and unpaid (Line 15)	52,500,169	0	52,500,169
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	132,294,421	0	132,294,421
6. Total assets (Line 28)	992,377,412	0	992,377,412
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	146,541,168	0	146,541,168
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	49,914,701	0	49,914,701
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	124,752,037	0	124,752,037
15. Total liabilities (Line 24)	321,207,906	0	321,207,906
16. Total capital and surplus (Line 33)	671,169,508	XXX	671,169,508
17. Total liabilities, capital and surplus (Line 34)	992,377,414	0	992,377,414
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL					
2.	Alaska	AK					
3.	Arizona	AZ					
4.	Arkansas	AR					
5.	California	CA					
6.	Colorado	CO					
7.	Connecticut	CT					
8.	Delaware	DE					
9.	District of Columbia	DC					
10.	Florida	FL					
11.	Georgia	GA					
12.	Hawaii	HI					
13.	Idaho	ID					
14.	Illinois	IL					
15.	Indiana	IN					
16.	Iowa	IA					
17.	Kansas	KS					
18.	Kentucky	KY					
19.	Louisiana	LA					
20.	Maine	ME					
21.	Maryland	MD					
22.	Massachusetts	MA					
23.	Michigan	MI					
24.	Minnesota	MN					
25.	Mississippi	MS					
26.	Missouri	MO					
27.	Montana	MT					
28.	Nebraska	NE					
29.	Nevada	NV					
30.	New Hampshire	NH					
31.	New Jersey	NJ					
32.	New Mexico	NM					
33.	New York	NY					
34.	North Carolina	NC					
35.	North Dakota	ND					
36.	Ohio	OH					
37.	Oklahoma	OK					
38.	Oregon	OR					
39.	Pennsylvania	PA					
40.	Rhode Island	RI					
41.	South Carolina	SC					
42.	South Dakota	SD					
43.	Tennessee	TN					
44.	Texas	TX					
45.	Utah	UT					
46.	Vermont	VT					
47.	Virginia	VA					
48.	Washington	WA					
49.	West Virginia	WV					
50.	Wisconsin	WI					
51.	Wyoming	WY					
52.	American Samoa	AS					
53.	Guam	GU					
54.	Puerto Rico	PR					
55.	U.S. Virgin Islands	VI					
56.	Northern Mariana Islands	MP					
57.	Canada	CAN					
58.	Aggregate Other Alien	OT					
59.	Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CareFirst BlueChoice, Inc.

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

Asterisk	Explanation
N/A	

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CareFirst BlueChoice, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CareFirst BlueChoice, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	SEE EXPLANATION
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

- Explanations:
1.

An extension was granted by the state of domicile to file on 4/15/2013.
11.
12.
13.
14.

Not applicable. Company does not have 100 or more stockholders.
15.
16.
17.
18.
19.
20.
21.
22.
23.

Bar Codes:	
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
12.	Life Supplement [Document Identifier 205]
13.	Property/Casualty Supplement [Document Identifier 207]
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
17.	Medicare Part D Coverage Supplement [Document Identifier 365]
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
20.	Relief from the Requirements for Audit Committees [Document Identifier 226]

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE CareFirst BlueChoice, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Long-Term Care Experience Reporting Forms [Document Identifier 306]



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit
[Document Identifier 213]



ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 - Part 1 - Summary of Transactions With Providers	23
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	23
Exhibit 8 - Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D	E22
Schedule DB - Verification	SI14
Schedule DL - Part 1	E23
Schedule DL - Part 2	E24
Schedule E - Part 1 - Cash	E25
Schedule E - Part 2 - Cash Equivalents	E26
Schedule E - Part 3 - Special Deposits	E27
Schedule E - Verification Between Years	SI15

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	30
Schedule S - Part 2	31
Schedule S - Part 3 - Section 2	32
Schedule S - Part 4	33
Schedule S - Part 5	34
Schedule S - Part 6.....	36
Schedule S - Part 7.....	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14